



# Kids Kayaking & Paddleboard Camp

## **Kayaking & SUP Camp**

Where: Thomas Point Beach\*

Drop off locations may vary due to changes in tide\*

Ages 8 and Up (age as of start of camp)

Monday - Friday, June 21<sup>st</sup> through June 25<sup>th</sup>

Half Day: 9:00am – 12:00pm **OR** 1:00pm - 4:00pm

Fee: Half Day-\$250 Brunswick Residents/\$332Non-Residents

Spend the week paddling and having fun with Seaspray Kayaking Instructors and Guides at Thomas Point Beach in Brunswick! Participants will have the chance to play a variety of games and learn rescue and navigation skills while paddling kayaks, paddleboards and canoes. We will explore the local islands, make arts and crafts, try kayak sailing and kayak fishing, as well as participate in cooperative challenges throughout the week. All paddlers will receive a T-Shirt and Certificate on the last day!

Participants should be prepared for a change in weather conditions and bring a snack and drink each day. If a change in the schedule is made, all participants will be notified by phone.

- Suggested Items to Bring:**  
 Bathing Suit/Nylon Shorts  
 Towel  
 Sunglasses/Strap/Sunblock/Hat  
 Windbreaker/Fleece/Rain Jacket  
 Water Shoes/Sandals/Socks/Old sneakers  
 Water Bottle  
 Snacks  
 Optional: Water Proof Camera/  
 Own Kayak/Lifejacket/Wetsuit

Parents are invited to attend a short meeting on the first day and may remain onsite at Thomas Point Beach to observe how camp is run!

Limit of 14 kayakers for 9a-12n session and 14 for the 1p-4p session!

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656. To view our refund policy, see our current program offerings or register online, visit us online at [www.brunswickme.org/parks-recreation](http://www.brunswickme.org/parks-recreation)

✂Return with fee to the Recreation Center, 220 Neptune Drive, by **June 18**. Office hours Mon.-Fri. 8:00 a.m. to 4:30 p.m.✂  
**BRUNSWICK PARKS AND RECREATION DEPARTMENT** Fees: \$250 Brunswick Residents  
**KAYAKING AND SUP CAMP SUMMER 2021** \$332 Non Residents

For Office Use  
 Date: \_\_\_\_\_  
 Amt: \$ \_\_\_\_\_  
 Computer   
 Liability Form   
 125000-01

Please Print

Name \_\_\_\_\_ Age \_\_\_\_\_ (As of June 21<sup>st</sup>, 2021) Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #1 Home Phone \_\_\_\_\_ Parent/Guardian #1 Work Phone \_\_\_\_\_ Parent/Guardian #1 Cell \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Home Phone \_\_\_\_\_ Parent/Guardian #2 Work Phone \_\_\_\_\_ Parent/Guardian #2 Cell \_\_\_\_\_

Emergency Contact, other than parent: \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

\*ALLERGIES/PHYSICAL OR EMOTIONAL LIMITATIONS \_\_\_\_\_

\*WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?

YES  NO

Please Check:  Half Day (125000-01) 9am – noon

Half Day (125000-03) 1pm – 4pm

**Did you read and sign the Liability Form on the back of this sheet?**



Swimming Ability (circle one): Weak Good Excellent

Kayak Experience (circle one): Little/No Experience Somewhat Experienced Very Experienced

*As a parent, I give my child permission to participate in the Brunswick Parks and Recreation Department Kayak & Paddleboard Camp. I understand that photographs taken of Parks and Recreation Programs may be used by the Parks and Recreation Department for promoting programs, classes or events to include brochures, posters or web page postings.*

Signature of Parent/Guardian \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_ (PLEASE PRINT)

*Seaspray Kayaking*  
**Waiver and Release of Liability**

**PLEASE READ CAREFULLY**

**DISCLAIMER:** Seaspray Kayaking will not be responsible for any injury (or loss of property); including any negligence on the part of Seaspray Kayaking its agents, or employees.

I understand that my participation in outdoor adventure activities, such as kayaking, stand up paddleboarding and/or canoeing involves certain risks, including but not limited to capsizing, severe weather and/or water conditions, serious injury and/or death. **I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, and/or death.**

I hereby release, discharge and covenant not-to-sue Seaspray Kayaking and/or, its officers, directors, employees, instructors, agents or assigns from any and all present and future claims for property damage, personal injury, and/or wrongful death. **I hereby voluntarily waive any and all claims present and future that may be made by me, my family, estate, heirs, or assigns.**

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Maine and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Maine.

I affirm that I am of **good health**, legal age and **am freely signing this agreement**. I have **read this form thoroughly and fully understand** that by signing this form, I am giving up legal rights and/or remedies which may be available to me, my family, heirs or estate.

**In the event that an injury does occur, I give consent for first-aid to be administered.**

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(Signature of Participant(s))

Date

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(Please Print Name(s) Here)

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Signature of Parent/Guardian (if Participant is Under 18)

Date

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(Please Print Name Here)

**TOWN OF BRUNSWICK  
PARKS & RECREATION 2021-22 YOUTH PROGRAMS  
TEMPERATURE SCREENING PROCEDURES  
DURING COVID-19 PANDEMIC**

The following procedures have been adopted by the Town of Brunswick to ensure the safety of children participating in a Parks & Recreation 2021-22 youth programs during the COVID-19 pandemic. These procedures are in effect through June 30, 2022.

1. All children wishing to participate in a Parks & Recreation 2021-2022 youth program may be required to undergo a daily health screening before admittance.
2. Parents/guardians must sign an authorization/waiver allowing health screenings. The authorization will specify that it is good for the entire school year, but permission is revocable by the parent at any time. See Attachment 1, Authorization/Waiver.
3. Parents/guardians may be required to provide a telephone number where the parent/guardian can be reached that day.
4. The health screening if preformed for this program area may be outside of the building/field or in the foyer or an area where a youth program will be held, such that it is separate from children who have already passed the screening.
  - a. The location will be in a vehicle curbside or can/will be partitioned off so that others need not walk within six feet of the screening area.
  - b. People waiting to have screenings must be spread out to maintain six-foot separation. Adults driving children to camp must stay in their vehicle. Children walking to camp must maintain six feet distance until it is their turn for the morning health screening.
  - c. A physical barrier such as a clear partition or face shield will be placed between staff and the arriving children and parents.
5. If screening is performed a Town of Brunswick employee trained in using the equipment will conduct the screenings.
  - a. The Tester shall be screened daily before administering any screenings of youth program participants.
  - b. The Tester shall wash hands or use sanitizer before donning protective equipment.
  - c. The Tester shall avoid physical contact if possible.
6. Health screenings that we take temperatures will be conducted using a no-contact infrared thermometer unit. If the infrared thermometer is not working, an alternative thermometer such as oral or contact forehead thermometer may be used.
  - a. If a no-contact thermometer unit is used, the tester shall wear gloves and ensure that the tester's face remains behind a face shield at all times. The tester may also wear a smock. Gloves shall be changed if they physically touch the child during the health screening.
  - b. If a forehead thermometer unit is used, the tester shall wear a facemask and gloves while taking readings.
  - c. The tester shall follow any manufacturer's directions specific to the thermometer unit.

- d. The Tester shall ensure that children being screened are calm and have not recently been engaged in activity that would artificially impact the reading, such as prolonged standing in the sun, running around, or wearing heavy clothing. Note that using facial cleaning products before a reading may artificially reduce temperature. If necessary, the Tester should have a child sit quietly in the shade until the child is calm and breathing at a normal rate.
- e. The Tester may ask the parent/guardian:
  - i. if the child has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
  - ii. if any other person residing in the household has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
  - iii. if the child has had any medication to reduce fever in the past six (6) hours;
  - iv. if the child has been in close proximity with anyone suspected of having or confirmed as having COVID-19 in the past fourteen (14) days.

Please note questions may be adjusted based on CDC recommendations

- f. The Tester shall make a visual inspection of the child for signs of illness (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness).
- g. Readings shall be taken on an unobstructed area of the child's forehead. The test area must be clean and dry.
- h. The unit should be held perpendicular to the forehead. Check the unit for the required distance between the subject and the unit.

#### 7. Reading temperatures:

- a. A reading of 100.4°F or below is considered normal and constitutes a passing reading and the child may be admitted to the youth program.
- b. If a reading is above 100.4°F, the parent/guardian shall be notified of the failing reading and neither the child, parent, nor any sibling may enter that youth program that day.
- c. If the parent/guardian indicates that the child has had a fever (a reading over 100.4 ° F) within the past 24-hours, neither the child, parent, nor may any sibling enter the youth program that day.
- d. If the parent/guardian denies symptoms but the child appears ill (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness), the child may not be admitted that day but siblings that pass the health screening may be admitted to the youth program.

#### 8. If a child passes the health screening but later seems ill during the program, the child shall be isolated from the other children and rescreened.

- a. If the child does not pass the temperature screening, the parent/guardian shall be required to pick up the child. Also, the parents/guardians of the children in the group that that child is a part of will be called and have pick up their children for the day.
- b. If the child passes the temperature screening, whether to require the parent to pick up the child will be in the Director's discretion and the decision will be made on a case by case basis.

If a child does not pass a health screening because of fever, whether initial or one done later in the day in response to the child not feeling well, the child and any siblings will not be allowed to return to a youth program until the child showing symptoms has subsided and for at least 72 hours.

**Attachment 1**  
**Town of Brunswick**  
**Parks & Recreation 2021-22 Youth program**  
**COVID-19 Authorization/Waiver**

I, \_\_\_\_\_ (print name of parent/guardian), the parent or legal guardian of the participating child indicated below (the “Child”) hereby state that I understand and agree to the following:

1. The Child’s participation in a 2021-2022 youth program includes the risk of exposure to communicable diseases, including but not limited to COVID-19. COVID-19 IS EXTREMELY CONTAGIOUS AND SPREADS THROUGH DIRECT PERSON-TO-PERSON CONTACT. FEDERAL AND STATE AUTHORITIES RECOMMEND SOCIAL DISTANCING AS A MEANS TO PREVENT THE SPREAD OF COVID-19, WHICH MAY NOT ALWAYS BE POSSIBLE DURING PARTICIPATION IN THE ACTIVITIES. IF CONTRACTED, COVID-19 CAN LEAD TO SEVERE ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND DEATH. PARTICIPATING IN THE ACTIVITIES COULD INCREASE MY AND THE MINOR’S RISK OF CONTRACTING COVID-19. THE TOWN OF BRUNSWICK IN NO WAY WARRANTS THAT COVID-19 INFECTION WILL NOT OCCUR THROUGH PARTICIPATION IN THE ACTIVITIES.
2. As a condition to being permitted to participate in the Program, I hereby grant permission to the Town of Brunswick to perform a health screening, including taking the temperature of the Child, for the purpose of screening the Child for illness, including but not limited to COVID-19. This permission allows screening on a daily basis (when program in session) and extends to retesting the Child later in the program when I am may not be present in the event that Child appears ill. I understand that readings and health screening answers will be recorded. I specifically agree to the Temperature Screening Procedures provided to me by the Brunswick Recreation Department.
3. I give my consent for the Brunswick Recreation Department Director or Deputy Director to act in my place in all respects should the need arise during the course of the program. This shall include but not be limited to obtaining medical care.
4. I understand that while the Town of Brunswick is endeavoring to prevent exposure of participants to people who are infected with COVID-19 through health screenings and other preventative measures, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I, for myself and my Child, voluntarily assume the risks associated with participation. Further, I hereby waive and release, for myself and my Child all rights and claims against the Town of Brunswick, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the Program.
5. This Authorization is valid through June 30, 2022. I understand that if I revoke this Authorization or any part thereof, the Child will no longer be able to participate in the Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Printed name of participating Child